

**McHENRY COUNTY
SHERIFF'S MERIT COMMISSION**
McHenry County Government Center
2200 North Seminary Avenue
Woodstock, IL 60098

McHENRY COUNTY SHERIFF'S DEPUTY SUPPLEMENTAL APPLICATION

NAME: _____
First MI Last

ADDRESS: _____
Number & Street Apt. City/State/Zip

PHONE: _____
Home Cell Work

TOTAL ACTIVE POLICE SERVICE: _____ years _____ months

HAS YOUR ACTIVE SERVICE BEEN INTERRUPTED FOR ANY REASON? _____

IF YES, PLEASE EXPLAIN: _____

AGENCY WHERE EMPLOYED WHEN CERTIFIED: _____

PROBATIONARY PERIOD REQUIREMENT WITH AGENCY WHERE CERTIFIED: _____

LENGTH OF EMPLOYMENT WITH THIS AGENCY: _____ years _____ months

***** A completed Sheriff's application, a copy of the diploma/certificate from the police training institute attended, and a copy of your State of Illinois certification (if applicable) must be included with this application.*****

CURRENT LAW ENFORCEMENT EXPERIENCE

CURRENT AGENCY: _____ PHONE: _____

ADDRESS: _____
Number & Street Apt. City/State/Zip

EMPLOYMENT DATES: _____ TO _____ CURRENT SALARY: \$ _____

RANK: _____ HOURS WORKED PER WEEK: _____

CURRENT ASSIGNMENT: _____

PREVIOUS ASSIGNMENTS AND DATES OF SERVICE (attach additional sheets, if necessary): _____

PROMOTIONS RECEIVED AND DATES ATTAINED (attach additional sheets, if necessary: _____

AWARDS/COMMENDATIONS (attach additional sheets, if necessary): _____

DISCIPLINARY ACTION OR SUSPENSIONS (attach additional sheets, if necessary: _____

REASON FOR SEEKING TRANSFER: _____

MILITARY SERVICE

HAVE YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES? ____ YES ____ NO

IF YES, IDENTIFY BRANCH: _____

INDUCTION DATE: _____ RELEASE DATE: _____

ARE YOU A MEMBER OF AN ACTIVE RESERVE OR NATIONAL GUARD UNIT? ____ YES ____ NO

IF YES, PROVIDE DETAILS: _____

HAVE YOU EVER RECEIVED A DISHONORABLE DISCHARGE FROM MILITARY SERVICE? ____ YES ____ NO

IF YES, PROVIDE DETAILS: _____

POLICE TRAINING

NAME OF POLICE ACADEMY ATTENDED: _____

TOTAL HOURS OF POLICE TRAINING: _____ DATE GRADUATED: _____

LIST ALL OTHER POLICE TRAINING:

NAME AND LOCATION OF SCHOOL	DATES ATTENDED		TITLE OF COURSE	CLASSROOM HOURS	INSTRUCTOR	ACEDMIC CREDIT HOURS EARNED
	FROM	TO				

Please attach supplemental sheets if necessary for additional information.